

MICHIGAN DEPARTMENT OF AGRICULTURE
ANIMAL INDUSTRY DIVISION
PO BOX 30017 - LANSING MI 48909
(517) 373-1077

HORSE RIDING STABLE LICENSE APPLICATION

BUSINESS NAME AND ADDRESS (dba, if applicable)		LICENSE NUMBER (DEPARTMENT USE ONLY)			
		DATE ISSUED (DEPARTMENT USE ONLY)			
		CORPORATION NAME (If Different than Shown)			
		AN ASSUMED NAME CERTIFICATE IS TO ACCOMPANY THIS APPLICATION WHEN APPLICABLE			
		APPLICANT'S HOME PHONE		BUSINESS PHONE	
<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL LIC. YR: 20 ____ (EXPIRES DECEMBER 31)		FAX		E-MAIL	
		BUSINESS MAILING ADDRESS (If different than above)		CITY	
		STATE	COUNTY		ZIP CODE
APPLICANT'S HOME ADDRESS (If different than above)		CITY		STATE	COUNTY
		STATE	COUNTY		ZIP CODE

In accordance with the provisions of Section 3 of Act No. 93, Public Acts of 1974, application is hereby made for a license to operate a horse riding stable.

I hereby certify that the statements given above are true and correct to the best of my knowledge. I agree to comply with the provisions of Act No. 93, Public Acts of 1974, and Department of Agriculture regulations made pursuant thereto, and to make such records available to the Director of Agriculture, or a department representative, on demand.

DATE	APPLICANT'S NAME (Print or Type)
APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE	
TITLE OF REPRESENTATIVE	

Veterinarian Information
(THIS INFORMATION MUST BE PROVIDED)

CLINIC NAME		TELEPHONE NUMBER	
VETERINARIAN'S NAME			
STREET ADDRESS	CITY	STATE	ZIP CODE

FEE: (New) \$100.00 (Renewal) \$50.00

Make remittance, by money order or check, payable to:
STATE OF MICHIGAN,

Mail to: MICHIGAN DEPARTMENT OF AGRICULTURE
P O BOX 30017, LANSING MI 48909